Jackson County Health Equity Assessment – Phase 1 Racial and Ethnic Disparities

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SO Health-E Regional Health Equity Coalition

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Who and What is SO Health-E?

- SO Health-E is a collaboration of community stakeholders forming a regional health equity coalition in southern Oregon.
- SO Health-E is funded by the Oregon Health Authority Office of Equity and Inclusion.
- Our mission is to advance policy, systems, and environmental changes that promote equity and address social determinants of health.
- We shall prioritize health disparities for underrepresented populations including racially and ethnically diverse communities, people with disabilities, LGBT communities and low-income individuals.
- This Phase 1 Report is an assessment of health disparities related to race and ethnicity.

What are Health Inequities and Why Do They Matter?

"Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust."

Margaret Whitehead
World Health Organization

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance.'"

Center for Disease Control

Social Determinants of Health

Most health inequities are due to social determinants of health. These "include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world."

Center for Disease Control

"Poverty and education are the two social determinants that have the most impact on health outcomes."

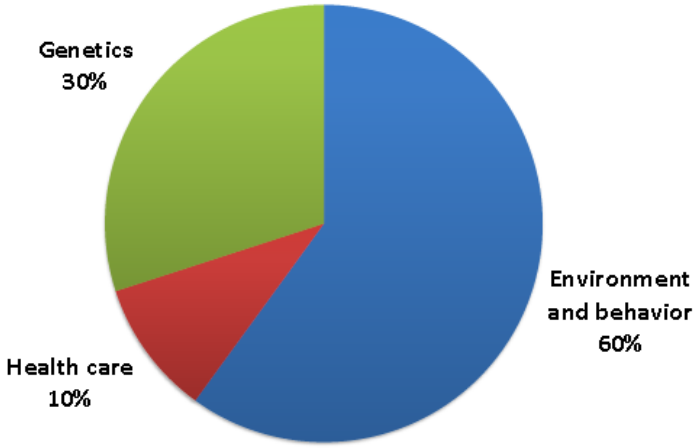
John Moenster,

Institute for People, Place and Possibility,

July 17, 2014

Determinants of Health and Their Contribution to Premature Death

The pie chart on the right represents determinants of health and their contribution to premature death. Many people think that if we just increase health care access, that alone will improve people's health. But when it comes to premature death, for example, access to health care accounts for just 10% of the impact on premature death. Changing behavior and improving the environment in which one lives, such as reducing poverty, will have the greatest impact on health.



Source: We Can Do Better, New England Journal of Medicine, September, 2007

If For No Other Reason, Consider the Economic Cost of Health Disparities

- Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities;
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by $229.4 billion for the years 2003-2006;
- Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars between 2003 and 2006.
- Between 2003 and 2006 the combined costs of health inequalities and premature death in the United States were $1.24 trillion

Source: *The Economic Burden of Health Inequities in the United States.* Joint Center for Political and Economic Studies. *(2009).*

Purpose of this Phase 1 Assessment

The purpose of the Phase 1 Health Equity Assessment is to review existing data sources and sets to identify health inequities in our community related to race and ethnicity to inform:

- Further areas for data collection
- Prioritization of health issues
- A strategic health plan

Types of Data

Over 60 national, state and local reports on health equity were reviewed and analyzed including:

- Local community assessments
- Local focus groups findings
- State data sets

2012 Jackson County Latino Parent Focus Groups on Teen Pregnancy

Preexisting state data sets were reanalyzed to provide data at county level by race and ethnicity as available.

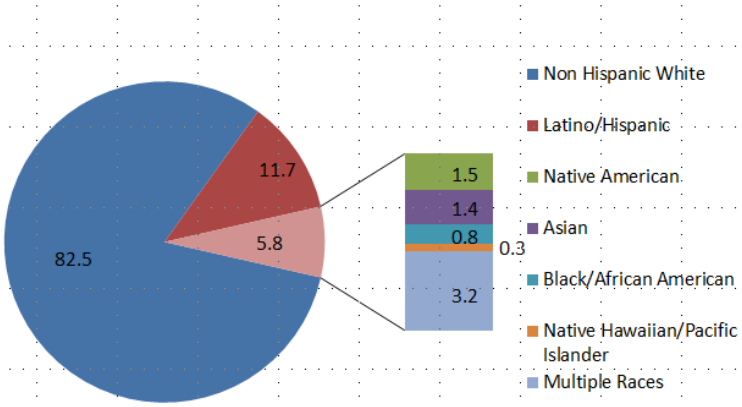
Limitations

- For certain data sets, there were not enough respondents by race and ethnicity responding from Jackson County to generate estimates
- For other data sets, data was collected years apart so multiple years of data could not be aggregated
- Some data sets do not fully report race and ethnicity
- For other data sets, the total number is so small that breakdown by race and ethnicity is meaningless
- Some data sets are a snapshot in time and trends over time need to be analyzed

Terms used in this report: Most national and state data reports comparing ethnicity use the designations Non-Hispanic White and Hispanic. In this report, we use the word "Latino" instead of "Hispanic" because of identified community preference for this term.

Trends in Jackson County Demographics - 2013

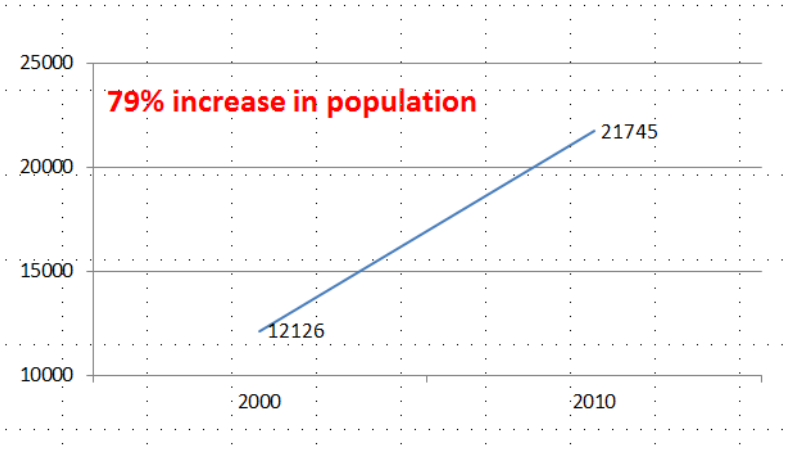
2013 US Census data estimates that about 11.7% of the Jackson County population is Latino or Hispanic. Since migrant and seasonal worker populations may not be included in census data, the number may be an underestimate.



Source: US Census Data

Latino Population Growth Jackson County 2000-2010

The Latino population grew 79% from 2000 to 2010. In 2000, census data reported 12,126 Latino residents of Jackson County. This number grew to 21,745 in 2010. As indicated above, this number may be an underestimate.



Source: US Census Data

Because of the significant numbers of Latino residents in Jackson County and the very small data sets of other race and ethnicities, the focus of this Phase 1 report is on health disparities in the Latino population in Jackson County.

Health Disparities in Jackson County Related to Race and Ethnicity

Based on available data, health disparities in the Latino population were identified in the following areas:

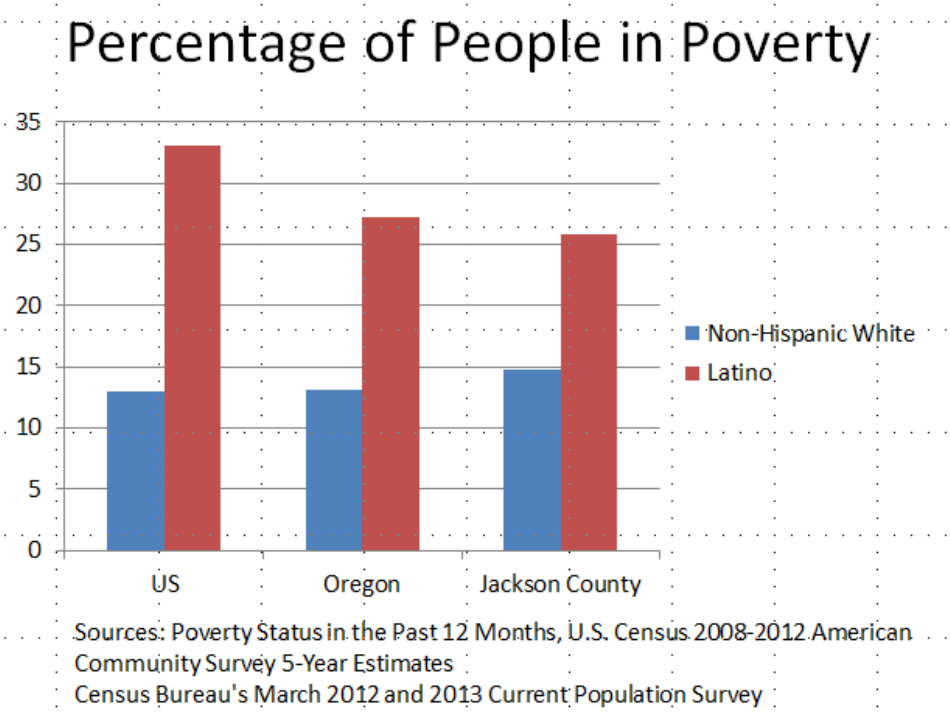
- Poverty rates
- Access to health insurance
- Education
- Child/School health
- Mental Health
- Oral Health
- Experience of discrimination
- Weight and physical activity
- Teen Pregnancy Rates
- Workforce diversity

There were certain areas where state health disparities existed but local data for Jackson County showed better outcomes and these were in the areas of:

- Late trimester prenatal care initiation
- Female breast cancer stage of diagnosis

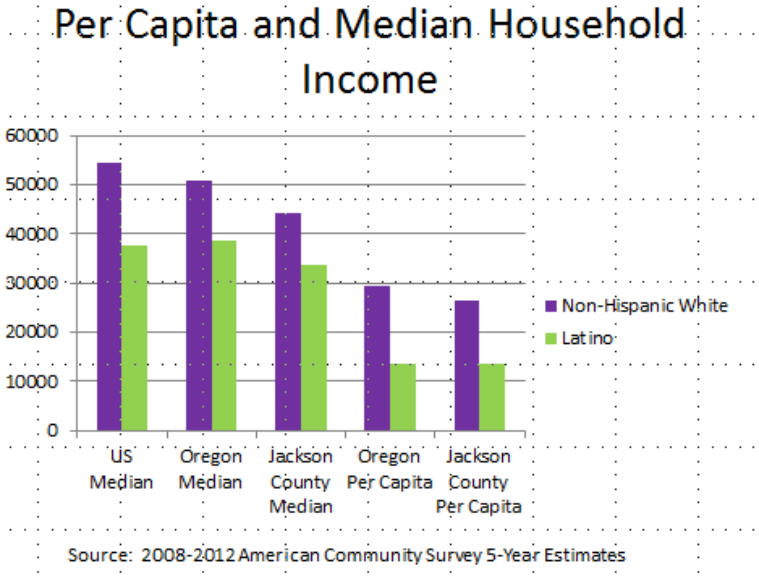
Percentage of People in Poverty

There are disparities in poverty rates and income related to race and ethnicity. These exist nationally, in the state of Oregon and locally within Jackson County. According to US Census data, 14.8% of Jackson county residents who are non-Hispanic whites lives in poverty compared to 25.8% of Latinos.



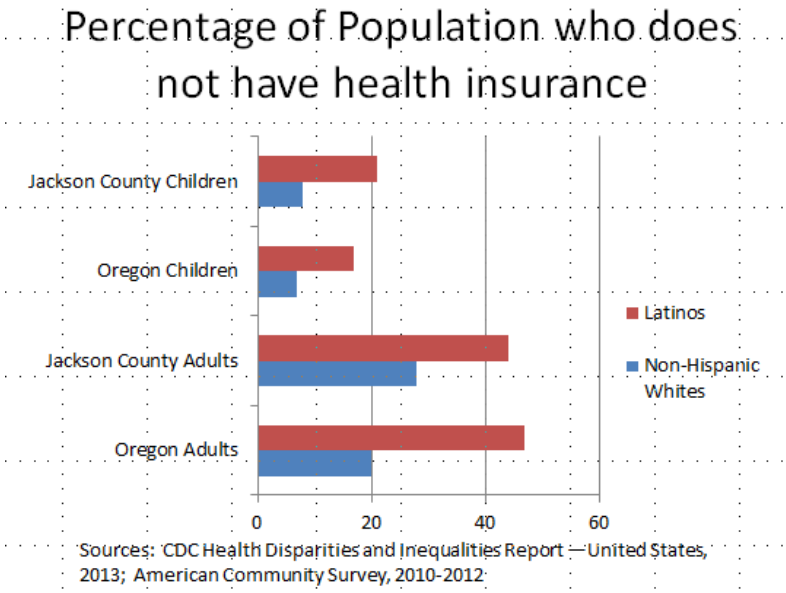
Median and per Capita Income

Disparities also exist for median and per capita income. According to US Census data 5 Year estimates for 2008-2012, median income for non-Hispanic white residents of Jackson County was $44,289 and $33,813 for Hispanic residents. Per capita income demonstrated a larger disparity at $26,379 for non-Hispanic white residents of Jackson County and $13,547 for Hispanic residents.



Access to Health Insurance

The following data from the 2010-2012 American Communities Survey was reported before recent initiatives to increase enrollment in the Oregon Health Plan. Disparities in access to health insurance exist for Jackson County Latino children and adults. Twenty-one per cent of Latino children living in Jackson County have no health insurance compared to 8% of Jackson County non-Hispanic white children. Among Jackson County adults, 44% of Hispanic adults do not have health insurance compared to 28% of non-Hispanic whites.

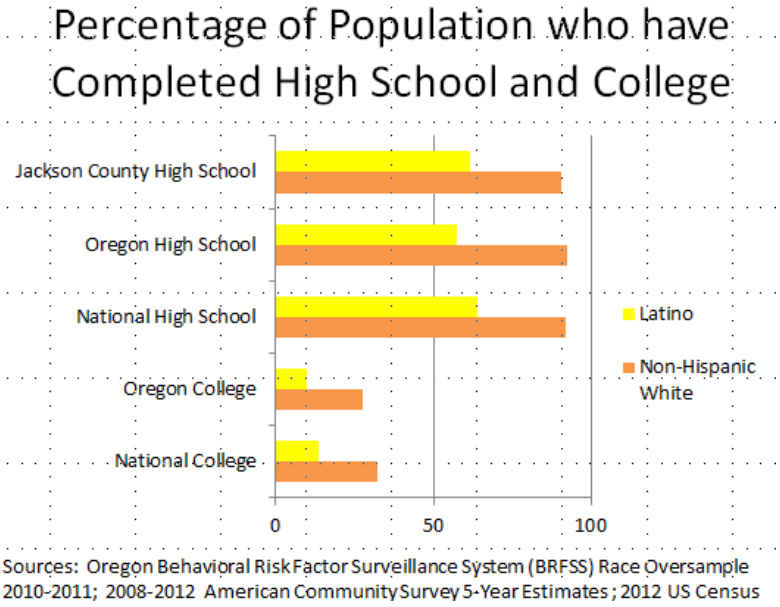


Recent data from local Coordinated Care Organizations (CCO) show enrollment data that is representative of Jackson County demographics. For example, July 2014 data for Jackson Care Connect, a local CCO, enrollment breakdown indicates that 26.3% of new child members and 12.9% of new adult members were Latino. It will be important to assess if these initiatives close the gap in health insurance access disparities.

Source: Oregon Transformation Center, 2014

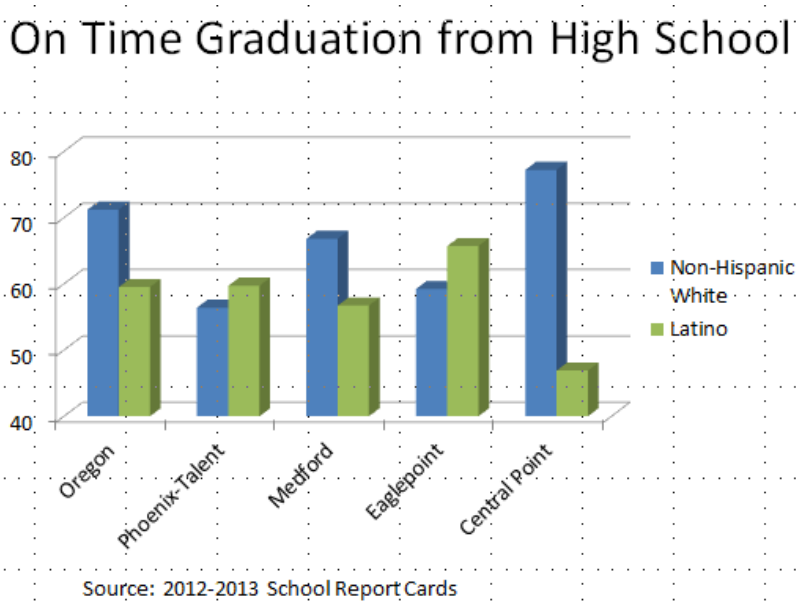
Education

There are disparities in educational attainment for Latinos in Jackson County. For adults over age 25, non-Hispanic white residents of Jackson County have an approximately 50% higher completion rate of high school than Latino residents. Ninety per cent of non-Hispanic white residents have a high school diploma compared to 62% of Latino residents. Data is unavailable for college completion rates by race and ethnicity for Jackson County, although data trends indicate the disparity may be even greater than for high school completion rates. In Oregon, non-Hispanic whites (28%) are almost three times more likely to be college graduates than Latinos (10%).



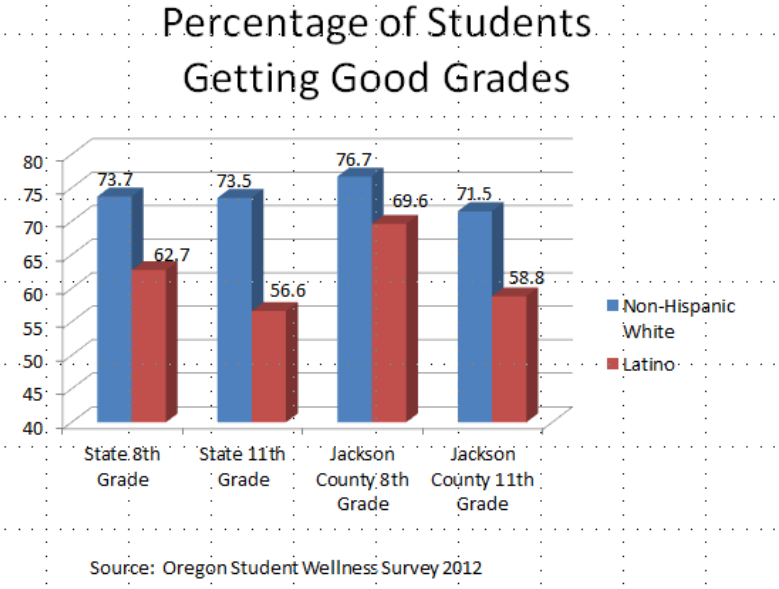
On-Time Graduation Rates

There are disparities in certain school districts, in particular Medford and Central Point school districts, in Jackson County for on-time graduation rates for Latinos based on data from 2012-2013 School reports cards. School districts, such as Phoenix-Talent and Eagle Point, have better outcomes for Latino youth. It would be important to understand what contributes to these differences.



Grades in Elementary and High School

Data from the 2012 Oregon Student Wellness Survey indicate that Latino youth are less likely to report getting good grades (As or Bs) in elementary and high school. While the difference is not wide for Jackson County 8th graders, the percentage of good grade reports drops for Latino 11th graders. This may contribute to high school completion and readiness for college.



Factors that May Impact School Success

Certain differences in students' experiences are evident in reviewing the 2012 Oregon Student Wellness Survey 2012. The following differences for 8th grade survey results and 11th grade survey results indicate that they are differences in Latino and Non-Hispanic white youth experiences with alcohol use, changing homes and schools, positive youth development and being harassed at school because of race and ethnicity and suicide attempts.

8th Grade School Health

	Oregon Non-Hispanic White	Oregon Latino	Jackson County Non-Hispanic White	Jackson County Latino
Use of Alcohol in Last 30 days	21.7%	27.1%	21.2%	30.9%
Changed homes since kindergarten	69.4%	74.5%	76.7%	84.2%
Changed school in past year	16.4%	24.2%	25.6%	30.9%
Positive youth development	61.9%	53.9%	61.4%	56%
Being harassed at school last 30 days due to race/ethnicity	9.5%	27.2%	8.7%	23.9%
Suicide attempts within last year	8.2%	11.7%	7.9%	10.9%

Positive youth development is a set of questions related to physical health, emotional/ mental health, competence, confidence, support and service. Students who answer yes to 5 of 6 questions have met the benchmark. Differences in positive youth development disappear in 11th grade respondents but differences in depression emerge.

11th Grade School Health

	Oregon Non-Hispanic White	Oregon Latino	Jackson County Non-Hispanic White	Jackson County Latino
Use of Alcohol in Last 30 days	37.5%	37.5%	37.4%	45%
Changed homes since kindergarten	70.5%	81.5%	77.6%	90.6%
Changed school in past year	11%	16%	20.3%	30%
Positive youth development*	66.8%	60.8%	62.5	64.5%
Being harassed at school in last 30 days due to race/ethnicity	6.7%	25.1%	5.3%	22.9%
Feeling sad or hopeless for at least 2 weeks in a row within last year	22.4%	26.9%	32.6%	37%
Suicide attempts within last year	6%	8.5%	6.8%	9%

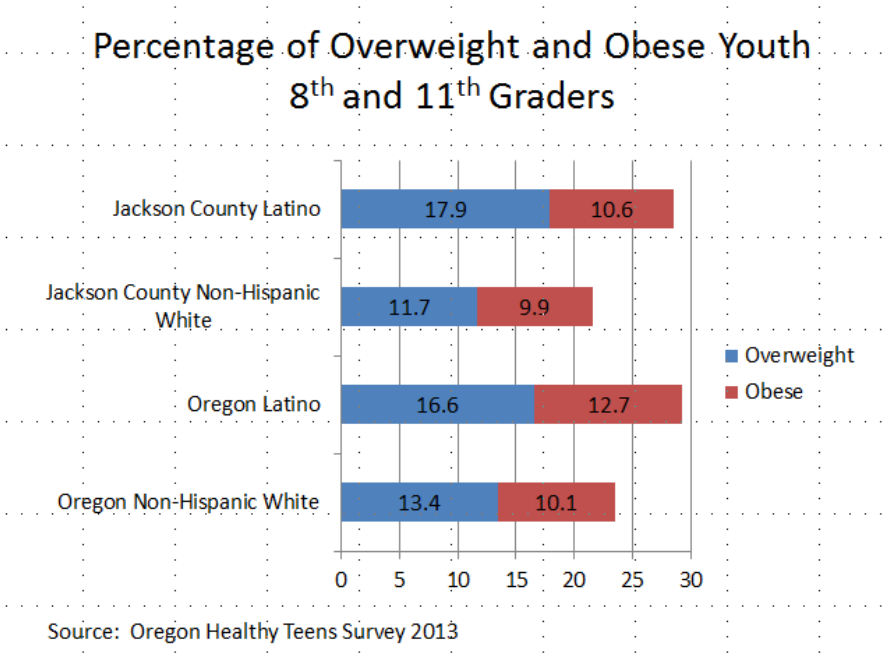
Oral Health

More than 1.6 million school days are missed in the US annually due to acute dental problems. Data from the 2012 Oregon Smile Survey of 6-9 year olds reveal that local Latino youth have oral health disparities that may impact their educational experience. Region 4 consists of Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lane counties.

Oregon Smile Survey 2012	**Oregon Non-Hispanic White**	**Oregon Latino**	**Region 4 Non-Hispanic White**	**Region 4 Latino**
Cavities	47%	68%	52%	74%
Untreated decay	18%	25%	23%	32%
Rampant decay	11%	24%	21%	39%
Use of sealants	43%	37%	30.6%	26.9%
Needing urgent/ emergent dental care	17.3%	24.2%	21.7%	30.6%

Body Weight and Physical Activity

Nationally and within the state of Oregon, the Latino population is more at risk for overweight and diabetes and report less physical activity than non-Hispanic whites. In 2012 focus groups with Latino parents about teen pregnancy in Medford, White City and Talent/Phoenix, participants were also asked about other health concerns in their community. Obesity and diabetes were the top additional concerns. Data from the 2013 Healthy Teen Survey indicate Latino youth are more overweight and may be at risk for decreased physical activity and increased caloric intake than their non-Hispanic white counterparts.

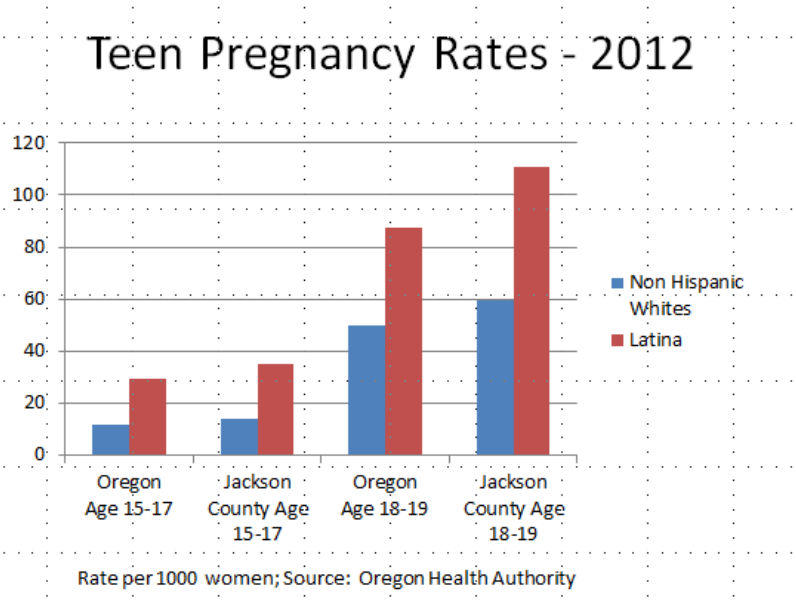


Oregon Healthy Teens Survey 2013	Oregon Non-Hispanic White	Oregon Latino	Jackson County Non-Hispanic White	Jackson County Latino
Eating out in fast food, take out, or restaurant 4 or more times in last week	15.5%	18.5%	16.8%	22.8%
Watching 2 or more hours of TV on school day	39.8%	52.4%	39.3%	51.6%
Playing video/computer games, using computer for non-school work 4 or more hours/school day	22.1%	27.7%	21.3%	30%

Teen Pregnancy

Teen pregnancy rates are declining nationally for all racial and ethnic groups. However, there is still a gap in teen pregnancy rates in Jackson County for Latina teens. Latina teens ages 15-17 have almost triple the rate of teen pregnancies compared to non-Hispanic whites, for those ages 18-19, it is almost double.

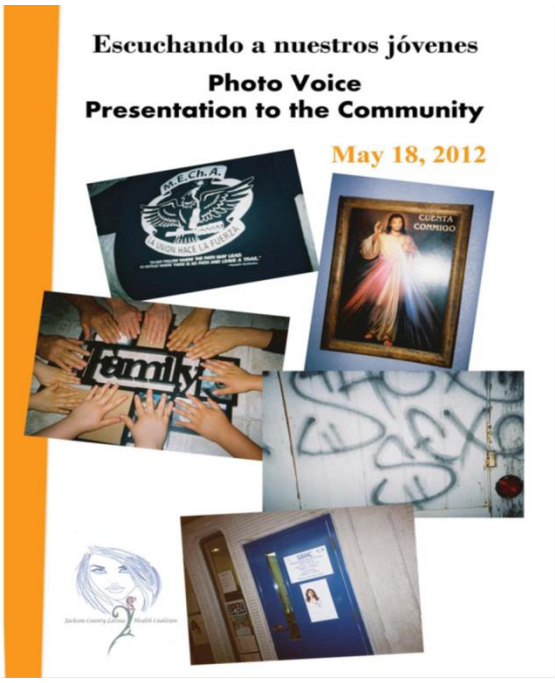
> "I thought about killing myself. After the initial shock, my aunt was happy and buying baby clothes."
>
> Teen Mother 2012
> Focus Group Participant



"I have machismo, but I cower at talking to my children about sex."
Father of Teen
2012 Focus Group Participant

Community assessments were conducted in 2012 and included focus groups with Latino parents of adolescents, Latino teen parents and a Photovoice project with Latino youth on the topic of teen pregnancy. Themes from the Photovoice project related to teen pregnancy were risks for teens, pressure, education is key, community resources and Latino values.

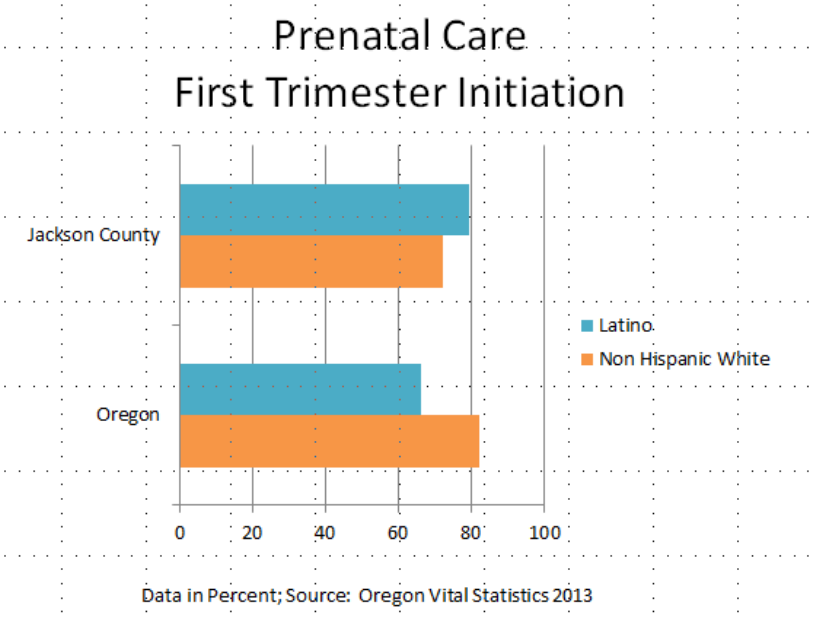
"Our parents didn't talk to us about these types of relationships. We didn't get that from our parents so now we have to break that ice barrier. This one time, it just occurred to me, in regards to this, my dad hit me; he said to me, this is something bad my dad was a very strict guy, and just by mentioning this one word, it was taken as an offense. We have to be open with our children – to prevent, for the future."
Father of Teen
2012 Focus Group Participant



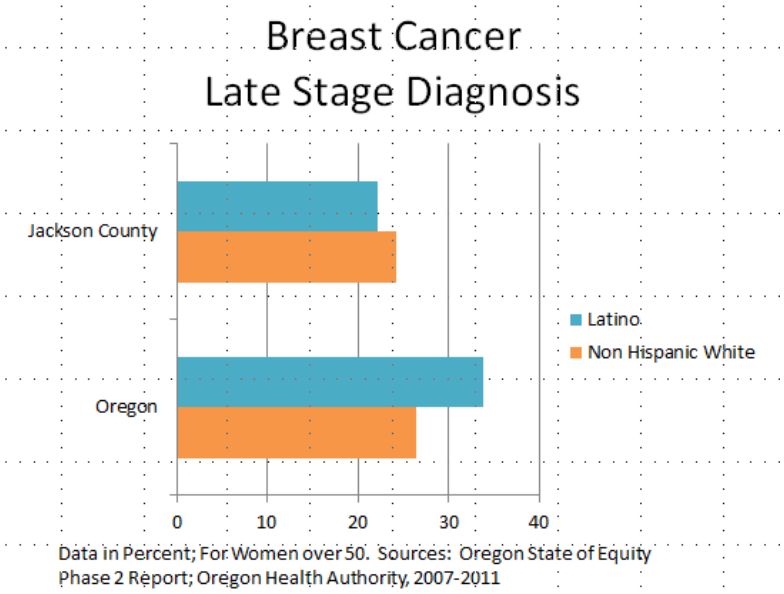
"I hid having a boyfriend – if my mom let me have a boyfriend and hang out at the house, this wouldn't have happened"
Teen Mother
2012 Focus Group Participant

Prenatal Care and Breast Cancer Diagnosis

The Oregon 2013 State of Equity Phase 2 Report identified initiation of first-trimester prenatal care and late-stage breast cancer diagnosis as health disparities for Latina women. Jackson County data revealed good news with no health disparities in these areas for Latina women.



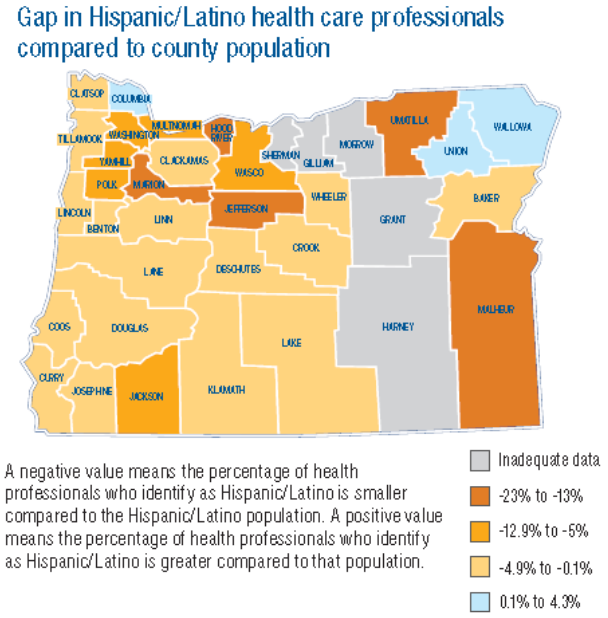
In the state of Oregon, compared to non-Hispanic whites (26.4%), the percentage of women over age 50 with late stage breast cancer at the time of diagnosis is higher for Latinas (33.8%). In Jackson County, compared to non-Hispanic whites (24.2%), the percentage of women over age 50 with late stage breast cancer at the time of diagnosis is lower for Latinas (22.2%).



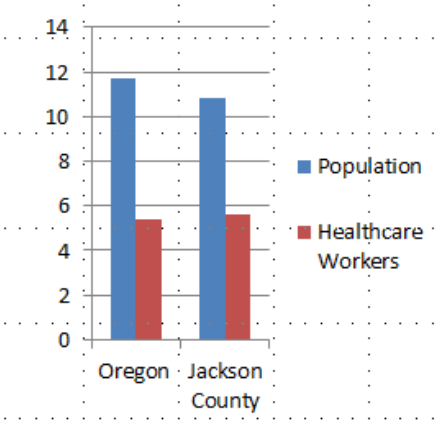
Workforce Diversity

The Oregon 2013 State of Equity Phase 2 Report identified differences in the diversity of the healthcare workforce in comparison to the Oregon adult population as a health disparity for Latinos. In a 2012-2013 report to the Oregon Health Authority from the Oregon Healthcare Workforce Committee, Jackson County was identified as a county with gaps in diversity of the healthcare workforce for Latinos.

Healthcare Workers



A negative value means the percentage of health professionals who identify as Hispanic/Latino is smaller compared to the Hispanic/Latino population. A positive value means the percentage of health professionals who identify as Hispanic/Latino is greater compared to that population.

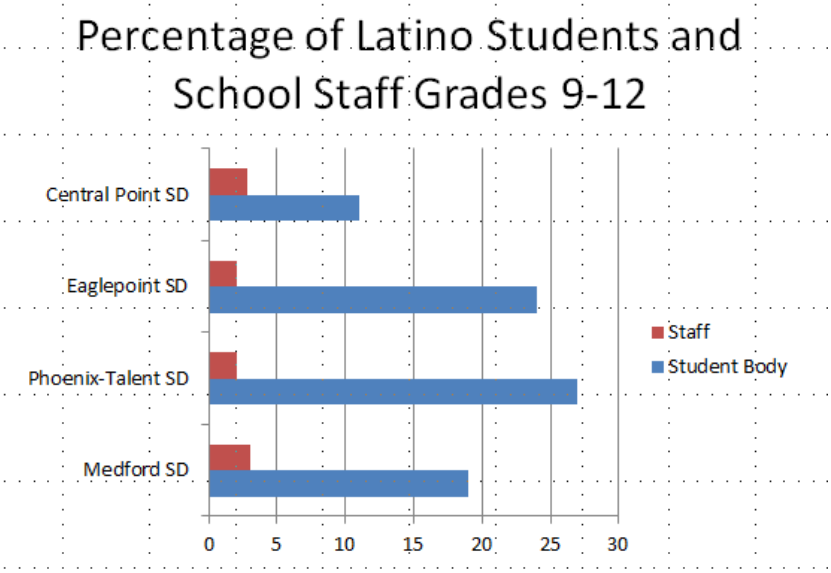


Percentage of Latino Health Care Professionals vs. Latino Population

Source: The Diversity of Oregon's Healthcare Workforce 2012—2013

School District Staff

In reviewing local school district report cards for 2012-2013, there are also gaps in composition of student body compared to school staff. Unfortunately, these school report cards do not differentiate school support staff and teachers.



SD = School District; Source: 2012-13 School Report Cards

Unknown Health Disparities in Jackson County Related to Race and Ethnicity

In reviewing national and state data, additional health disparities have been identified for Latinos for which Jackson County data is not available:

- HIV infection rates
- Diabetes prevalence
- Uncontrolled cholesterol
- Hypertension
- Depression in Adults
- Adult Obesity Rates
- Adult Physical activity
- Quality of life
- Colorectal screening
- Home ownership
- 5 year homicide rate
- Top concerns/Ratings of their community
- Job security
- Workers in high risk occupations